| OF PUBLIC SAFETY TRAFFIC CRASH                                       | LOCAL REPORT NUMBER*  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| M PHOTOS TAKEN OH-2 M OH-3   | LOCAL INFORMATION   | 19-2854  |  |  |  |  |  |  |
| SECONDARY CRASH OH-1P OTHER  | REPORTING AGENCY NAME*  | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR           |  |  |  |  |  |  |
| PRIVATE PROPERT  | HEATH POLICE DEPARTMENT   | 04,50,7  | L12 - UNSOLVED   | 2 $0$ 98 - ANIMAL  |  |  |  |  |
| 1 1 1 1 - CITY   | CITY, VILLAGE, TOWNSHIP*  |  | CRASH DATE / TIME * 12242019 1241 5 1- FATAL                 |  |  |  |  |  |
| 3-TOWNSHIP TOUTH   | Fourmile Lock)  |  | 2 - SERIOUS INJURY   |  |  |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST          | LOCATION ROAD NAME  HEBRON  | ROAD TYPE  | LATITUDE DECIMAL DEGREES SUSPECTED  40024967  3-MINOR INJURY |  |  |  |  |  |
| 4-WEST   |   | RD   |  | SUSPECTED  |  |  |  |  |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST |   | ROAD TYPE  | LONGITUDE DECIMAL DEGRE                                      | 4 - INJURY POSSIBLE  5 - PROPERTY DAMAGE                   |  |  |  |  |
|  | TOTO FIEDIOT FIG.   |  | -82, 447431 5- PROPERTY DAN                                  |  |  |  |  |  |
| REFERENCE POINT DIRECTION FROM REFERENCE 1 - NORTH                   | ROUTE TYPE ROAD TYPE R - INTERSTATE ROUTE(TP) AL - ALLEY HW- HIGHWA     | r RD - ROAD                                      | l 🖂  | TION RELATED   |  |  |  |  |
| 2. MILE POST 2. SOUTH  | S-FEDERAL US ROUTE AV - AVENUE LA - LANE                                | SQ - SQUARE                                      | WITHIN INTERSECTION OR ON APPROACH                           |  |  |  |  |  |
| 4-WEST S   | R - STATE ROUTE BL - BOULEVARD MP - MILEPOS<br>CR - CIRCLE OV - OVAL    | TE - TERRACE                                     | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES                 |  |  |  |  |  |
| FROM REFERENCE UNIT OF MEASURE                                       | R - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWA                        | TL - TRAIL                                       | ROADWAY  |  |  |  |  |  |
| 0 2 2-FEET 3-YARDS   | ROUTE DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE                      | WA - WAY   | ROADWAY DIVIDED  |  |  |  |  |  |
| LOCATION OF FIRST HARMFUL EV   |   | IMPACT   | DIRECTION OF TRAVEL MEDIAN TYPE                              |  |  |  |  |  |
| 1 - ON ROADWAY 9'-CROSSOV  | nerween   | EAR  | 1 - NORTH  | 1 - DIVIDED FLUSH MEDIAN                                   |  |  |  |  |
|  | AY/ALLEY ACCESS TWO MOTOR 5-BACKING TWO MOTOR 6-ANGLE                   | 1 12-300 H   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |  |  |  |  |
| 4 - ON ROADSIDE 12 - SHARED<br>5 - ON GORE TRAILS                    | I   | , SAME DIRECTION<br>, OPPOSITE DIRECTION         | 4-WEST   | (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN                    |  |  |  |  |
| 6 - OUTSIDE TRAFFIC WAY 13- BIKE LA                                  | NE 3-HEAD-ON 9-OTHER/UN   |  |  | 4 - DIVIDED, RAISED MEDIAN<br>(ANY TYPE)                   |  |  |  |  |
| 7 - ON RAMP 14 - TOLL BO<br>8 - OFF RAMP 99 - OTHER /                | 1   |  |  | 9 - OTHER/UNKNOWN  |  |  |  |  |
| WORK ZONE RELATED  | WORK ZONE TYPE LOCATION OF CRASH  | N WORK ZONE                                      | CONTOUR CON  | DITIONS SURFACE  |  |  |  |  |
| I I WARNEDO BRESENT  | WARNING CO  | 1ST WORK ZONE                                    | ,1 ,   ,   | 1,   2,  |  |  |  |  |
|  | 3 - WORK ON SHOULDER 2 - ADVANCE WA                                     | RNING AREA                                       | 1 - CONCRETE   |  |  |  |  |  |
|  | OR MEDIAN  I INTERMITTENT OR MOVING WORK  4 - ACTIVITY AR               |  | 2 - STRAIGHT GRADE 2 - WET                                   | 2 - BLACKTOP,<br>BITUMINOUS,                               |  |  |  |  |
|  | 5 - OTHER 5 - TERMINATIO  | N AREA   | 3 - CURVE LEVEL 3 - SNOW<br>4 - CURVE GRADE 4 - ICE          | ASPHALT  |  |  |  |  |
| LIGHT CONDITION  | WEATHER   |  | 9 - OTHER/UNKNOWN 5 - SAND, I                                |  |  |  |  |  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK  | 2 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS                     |  | OIL, GR  | STONE STONE  |  |  |  |  |
| 3 - DARK – LIGHTED ROADWAY   | 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL,                            |  | MOVIN  |  |  |  |  |  |
| 4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTIN    | 4 - RAIN 9 - FREEZING RAIN OR FF G 5 - SLEET, HAIL 99 - OTHER / UNKNOWN | EEZING DRIZZLE                                   | 7 - SLUSH  | 7 - SLUSH 9 - OTHER/UNKNOWN                                |  |  |  |  |
| 9-OTHER/UNKNOWN  |   |  | 7-01ACA  | ONKNOWN  |  |  |  |  |
| NARRATIVE  | _   |  |  | Indicate the north direction with                          |  |  |  |  |
| Unit 1 was traveling north on SR 79 in the                           |   |  |  | an "N" on the compass diagram.                             |  |  |  |  |
| Unit 1 stopped for traffic. Unit 2 colli                             | ded with the rear of Unit 1.  |  |  |  |  |  |  |  |
|  |   |  | N S  | 101  |  |  |  |  |
|  |   | Manage de Santa                                  | To Scale   |  |  |  |  |  |
| -  | -   | on relient to constant project                   | ////   |  |  |  |  |  |
|  | _   |  |  | / / _  |  |  |  |  |
|  | _   |  |  | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\                     |  |  |  |  |
|  |   |  | /_/ <b> _                               </b>                 | SR 79 / Hebran Ra.   |  |  |  |  |
|  |   |  |  | 1/6/   |  |  |  |  |
|  |   |  | 1 1 11   | / 8  |  |  |  |  |
|  | -   |  |  |  |  |  |  |  |
|  |   |  | /  |  |  |  |  |  |
|  |   | 1 4  | ' ' ' /  |  |  |  |  |  |
| CRASH REPORTED DATE / TIME   | DISPATCH DATE / TIME ARRIVAL DATE / T                                   |  | SCENE CLEARED DATE / TIME                                    |  |  |  |  |  |
| 12242019 1241 122  | 242019 1242 12242019  | 1243   | 12242019 13  |  |  |  |  |  |
| TOTAL TIME OTHER TOT<br>ROADWAY CLOSED INVESTIGATION TIME MINI       |   | CHECKED OF OFFI                                  | - \ ( ' '  | MOTORIST SUPPLEMENT  |  |  |  |  |
|  | PETERSON, RYAN  OFFICER'S BADGE NUMBER*                                 | CHECKEN 8  | Y OFFICER'S BADGE NUMBER*                                    | CORRECTION OR ADDITION TO AN EDISTING REPORT SENT TO COPS) |  |  |  |  |
|  | 30 1 4 5  |  |  | <i>Y</i>   |  |  |  |  |
| HSY7001 OH1 1/19 [760-0820]  |   |  |  | PAGE 1 OF 4  |  |  |  |  |

29 - BRIDGE RAIL

30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

OR SUPPORT

42 - CULVERT

49 - FIRE HYDRANT

3 - UNDETERMINED

POSTED SPEED

99 - OTHER / UNKNOWN

| OND DEPARTMENT MOTORIST / NON-MOTORIST                     |  |   |  |   |                               |  | 19-2854   |  |  |  |                                      |                       |  |                       |  |
|--|--|---|--|---|-------------------------------|--|---|--|--|--|--------------------------------------|-----------------------|--|-----------------------|--|
| UNIT # NAME: LAST, FIRST, MIDDLE  0.1 SMITH, KADEN MICHAEL |  |   |  |   |                               |  | DATE OF BIRTH 07221994                                |  |  |  | AGE<br>25                            | GENDER                |  |                       |  |
| ADDRESS: STREET, CITY, STATE, ZIP                          |  |   |  |   |                               |  |   | CONTACT PHONE - INCLUDE AREA CODE                                |  |  |                                      |                       |  |                       |  |
| 105 MILLER ST NEWARK OH 43055                              |  |   |  |   |                               |  |   |  |  |  |                                      |                       |  |                       |  |
| E INJURIES   | RIES INJURED EMS AGENCY (NAME) TAKEN BY  |   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT          |                               |  | T DOT-COMPLIANT SEATING POSITION AIR BY MC HELMET O 1 |  |  | AIR BAG USAGI                                  | EJECTION                             | TRAPPED 1             |  |                       |  |
| OL STATE OH  |  | PERATOR LICENSE NUMBER TV655740                     |  |   | OFFENSE CHARGED LOCAL CODE    |  |   | OFFENSE DESC   | CRIPTION                                   |  |                                      | CITATION NUMBER       |  |                       |  |
| OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2  | SEMENT RESTRICTION SELECT UP TO 3 DRIV              |  |   | TRACTED                       |  |   | CONDITION  |  | OHOL TEST                                      | UE S                                 | DRU<br>TATUS TYP      | IG TEST(S                                      | )<br>T SELECT UP TO 4 |  |
| 4  |  |   | 8Y<br>  L_                                       | 1   | =                             | LCOHOL MAF<br>THER DRUG                  | RIJUANA   | _ 1  | $\lfloor 1 \rfloor$                        | L<br> •!L                                      |                                      | $1 \mid 1$            |  | الالالا               |  |
| 0 2  | NAME: LAST, F  | FIRST, MIDDLE  E, ROBERT LANC                       | E  |   |                               |  | 082   | DATE OF 8  |  |  | AGE<br>18                            | GENDER                |  |                       |  |
|  | STREET, CITY, ST.  | ATE, ZIP  |  |   |                               |  |   |  |  | PHONE - INCLU                                  | - 1 1                                | DE DE                 | ŦŸ   |                       |  |
| 5  |  | . 22 GLENFORD C                                     | H 4373   |   |                               |  |   | 1  |  | 1 1  |                                      | <u></u>               | <del></del>                                    |                       |  |
| INJURIES 5   | S BY BY   EMS AGENCY (NAME)  |   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED $04$ |                               |  |   | TO DOT-COMPLIANT SEATING POSITION AIR BY ON THE COMPLIANT OF     |  |  |                                      | EJECTION              | TRAPPED 1                                      |                       |  |
| OL STATE OH  | OPERATOR L   | ATOR LICENSE NUMBER<br>560300                       |  |   | OFFENSE CHARGED LOCAL CODE IX |  | OFFENSE DESCRIPTION ACDA                              |  | CITATION<br>N2109                          |  |                                      |                       |  |                       |  |
| OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT                                  |  | TRACTED   |                               | DHOL / DRUG SUSPE                        | ECTED<br>RIJUANA                                      | CONDITION  |  | OHOL TEST<br>PE VAL                            | UE S                                 | DRU<br>TATUS TYPI     | G TEST(S)                                      | )<br>SELECT UPTO 4    |  |
| 4  |  |   | <u></u>  | 8   | 01                            | THER DRUG                                |   |  | <u> </u>                                   |  |                                      |                       |  | السالسا               |  |
| UNIT#  | JNIT # NAME: LAST, FIRST, MIDDLE   |   |  |   |                               |  |   |  | DATE OF BIRTH AGE GENDER                   |  |                                      |                       |  |                       |  |
| ADDRESS:   | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |   |                               |  |   |  | CONTACT PHONE - INCLUDE AREA CODE          |  |                                      |                       |  |                       |  |
| ADDRESS:   | INJURIES INJURED   EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT |   |  |   |                               |  |   | SAFETY EQUIPMENT   |  | SEATIN   | G POSITION                           | AIR BAG USAGE         | EJECTION                                       | TRAPPED               |  |
|  | TAKEN BY L   |   |  |   | USED                          | MC HEL                                   | LMET  |  |  | ا ا  |                                      |                       |  |                       |  |
| OL CLASS   | OPERATOR L   | LICENSE NUMBER 0                                    |  |   | OFFENSE CHARGED LOCAL CODE    |  | OFFENSE DESC  | RIPTION CITATI   |  |  | CITATION N                           | IUMBER                |  |                       |  |
| S OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2  | RESTRICTION SELECT                                  |  | ER ALCOHOL / DRUG SUSPECT   |                               |  | CONDITION   | ALCOHOL TEST<br>STATUS TYPE VALUE ST                             |  | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 |                                      |                       |  |                       |  |
|  |  |   |  |   | 01                            | THER DRUG                                |   |  |  |  |                                      |                       |  |                       |  |
| INJU<br>1-FATAL  | IRIES  | SEATING POSITION  1.FRONT-LEFT SIDE                 | 1 - NOT DEP                                      | IR BAG<br>LOYED   |                               | OL CLASS<br>1-CLASS A                    |   | OL RESTRIC<br>1-ALCOHOLINTER                                     | WITH BANKS WITHAR                          | DRIVER DI                                      | CHEROLOGICAL CONTROL                 |                       | TEST STAT                                      | TUS                   |  |
| April William Control                                      | SERIOUS INJURY   | (MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE              | 2 - DEPLOYE                                      |   |                               | 2 - CLASS B                              |   | 2 - CDL INTRASTAT  |  | 2 - MANUALLY                                   |                                      | ATION                 | T REFUSED                                      |                       |  |
| 3 - SUSPECTED<br>4 - POSSIBLE IN                           |  | 3 · FRONT - RIGHT SIDE                              |  | DEPLOYED SIDE DEPLOYED BOTH FRONT / SIDE                                  |                               |  |   | 3 - CORRECTIVE LENSES<br>4 - FARM WAIVER                         |  | DEVICE (TEXTING, TYPING,                       |                                      | 10 3.103              | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |                       |  |
| 5 - NO APPAREN   |  | 4 - SECOND – LEFT SIDE<br>(MOTORCYCLE PASSENGER)    | 5 - NOT APPLICABLE (OHIO = D)                    |   |                               |  | 5 - EXCEPT CLASS                                      | DIALING) 3 -TALKING ON   | HANDS-FREE                                 | E .  | ST GIVEN, RESI                       | STATE STATE           |  |                       |  |
| INJURED  | INJURED TAKEN BY 5-SECOND-MIDDLE   |   |  |   |                               | A ALLAND A CUIT                          |   |  | ATION DEVICE                               | ION DEVICE 5 - TEST GIVEN, RESULTS             |                                      |                       |  |                       |  |
| 1 - NOT TRANSP   | 1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE  |   |  | 7 - EXCEPT TRACTO   |                               |  |   |  |  |  |                                      |                       |  |                       |  |
| 2- EMS   | /TREATED AT SCENE 7-THIRD-LEFT SIDE 2-FMS (MOTORCYCLE SIDE CAR)                                      |   | EJECTION OLENDORSEMENT  1-NOT EJECTED H - HAZMAT |   |                               | 8 - INTERMEDIATE LICENSE<br>RESTRICTIONS |   | 5 - OTHER ACTIVITY WITH AN                                       |  |  | 1 - NONE                             |                       |  |                       |  |
| 3 - POLICE   |  | 8-THIRD - MIDDLE                                    | 2 - PARTIAL                                      |   |                               | M - MOTORCYCLE                           |   | 9 - LEARNER'S PER  | MIT  | 6 - PASSENGER                                  |                                      | 2 - BLC<br>3 - URI    |  |                       |  |
| 9 - OTHER/UNK  | CNOWN  | 9 - THIRD RIGHT SIDE<br>10 - SLEEPER SECTION        | 3 - TOTALLY<br>4 - NOT APP                       |   |                               | P - PASSENGER<br>N -TANKER               |   | RESTRICTIONS  10 - LIMITED TO DAY                                | LIGHT ONLY                                 | 7 - OTHER DIST<br>INSIDE THE                   |                                      | 4 - BRI               |  |                       |  |
| SAFETY E   | SAFETY EQUIPMENT OFTRUCK CAB   |   | 4-NUI APP  | Q - MOTOR SCOOTER   |                               | 11 - LIMITED TO EMPLOYMENT               |   | 8 - OTHER DISTRACTION OUTSIDE 5 - 0<br>THE VEHICLE               |  |  | 5 - OTHER                            |                       |  |                       |  |
| 1 - NONE USED  | ENCLOSED CARGO AREA  |   | 1 - NOTTRAI                                      | TTOADDED R. HUKE-MUCE MOIONCICLE  |                               |  |   | 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES 9 - OTHER / UNKNOWN |  |  | DF                                   | DRUG TEST TYPE        |  |                       |  |
| 3 - LAP BELT ON  |  | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)       | 2 - EXTRICATED BY                                |   |                               | S-SCHOOL BUS                             |   | (SPECIAL BRAKE   | AL BRAKES, HAND<br>DLS, OR OTHER CONDITION |  | ITION                                | 1 - NONE<br>2 - BLOOD |  |                       |  |
| 2880 - LOB POYER   | LAP BELT USED  | 12 - PASSENGER IN UNENCLOSED<br>CARGO AREA          | MECHAN<br>3 - FREED B                            | ICAL MEANS<br>Y   |                               | X - TANKER / HAZMAT                      |   | ADAPTIVE DEVI  | CES)                                       | 1 - APPARENTL                                  | NACTOR ASSESSED.                     | 3 - URI               |  |                       |  |
| 5 - CHILD RESTE<br>FORWARD FA                              |  | 13-TRAILING UNIT                                    | NON-MECHANICAL MEANS                             |   | GENDER                        |  | 14 - MILITARY VEHICLE                                 | 2 THI GIVE IN PLINIE   |  | 4 - OTHER                                      |                                      |                       |  |                       |  |
| 6 - CHILD REST   |  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  |   |                               | F-FEMALE                                 |   | AIR BRAKES   |  | ANGRY, DISTUR                                  |                                      | DRU                   | G TEST RE                                      | SULT(S)               |  |
| 7 - BOOSTER SEAT   |  | 15 - NON-MOTORIST                                   |  |   | M - MALE                      |  | 16 - OUTSIDE MIRRO                                    | D 5- FELL ASLEEP, FAINTED,<br>FATIGUED, ETC.                     |  | P. FAINTEN                                     | 1 - AMPHETAMINI                      |                       |  |                       |  |
| 8 - HELMET USED<br>9 - PROTECTIVE PADS USED                |  | 99 - OTHER / UNKNOWN                                |  |   | U - OTHER / UNKNOWN           |  | 18 - OTHER  |  |  | TC.  | 2 - BARBITURATES 3 - BENZODIAZEPINES |                       |  |                       |  |
| (ELBOW, KNE  | ES, ETC.)  |   |  |   |                               |  |   |  |  | 6 - UNDER THE I                                |                                      |                       | INABINOIDS                                     |                       |  |
| 10 - REFLECTIVE<br>11 - LIGHTING - F                       |  |   |  |   |                               |  |   |  |  | /ALCOHOL<br>9-OTHER/UNK                        | NOWN                                 | 5 - COC<br>6 - OPI    | AINE<br>ATES/OPIOIDS                           | S                     |  |
| / BICYCLE ON   | YLY  |   |  |   |                               |  |   |  |  |  |                                      | 7 - OTH               | IER  |                       |  |
| 99 - OTHER/ UNK  | NUWN   |   |  |   | 2016                          |  |   |  |  |  |                                      | 8 - NEC               | GATIVE RESUL                                   | TS                    |  |